
COMMUNITY HOSPITALS

INTRODUCTION

This section contains a descriptive summary of selected statistics for the 51 community hospitals in South Dakota. Past trends and a description of the existing state of community hospitals are discussed within sections pertaining to community hospital resources, utilization, and finances. This descriptive information concerns primarily inpatient utilization of facilities. The 2003 data showed that:

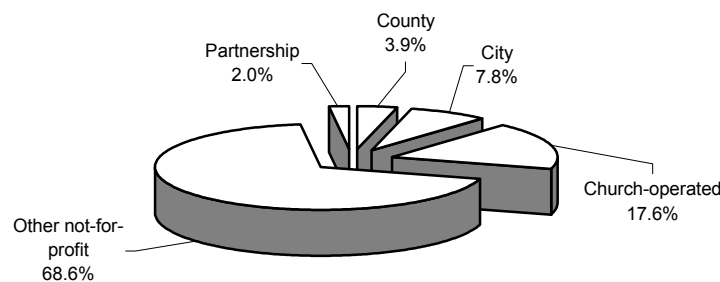
- South Dakota had 51 community hospitals. All 51 community hospitals responded to the American Hospital Association Annual Survey during 2003. This is the same number of hospitals that reported in 2002. However, one hospital (Hand County Memorial Hospital) did not submit 12 months of data; therefore data from their 2002 survey was used for comparison purposes.
- South Dakota's 51 community hospitals provided consumers with 3,040 licensed beds, 70 more than in 2002. Of these 3,040 licensed beds, 2,678 beds were set up and staffed. In addition, 471 of the 3,040 community hospital beds were designated as swing beds, an increase of 24 swing beds from 2002.
- South Dakota's community hospitals provided consumers with 4.0 community hospital beds per 1,000 population. South Dakota's community hospital bed/1,000 rate has been on a steady decline since 1994 until 2003 where it showed a slight increase.
- The average size of South Dakota's community hospitals was 59.6 beds, up from 2001's average size of 58.2 beds. Most were relatively small with a median hospital size of 25.0 beds. The largest South Dakota community hospital had 537 beds and the smallest hospital had 4 beds.
- Utilization numbers indicate a decrease in 2003. Discharges (including swing bed discharges) totaled 99,649, a decrease of 2,226 from 2002. Since 1994, total discharges have fluctuated annually.
- Forty-seven of the 51 community hospitals were licensed for swing beds, which generated 44,859 swing bed inpatient days, compared to 47,633 in 2002.
- Community hospitals reported expenses of \$1.39 billion and revenues of \$1.51 billion during the 2003 reporting period, for increases of 12.1 and 14.4 percent over 2002, respectively.

RESOURCES

Type of Control

The results of the American Hospital Association (AHA) Annual Survey indicated that five different types of organizations were responsible for establishing policy for the overall operation of South Dakota's community hospitals. In 2003, county governments controlled two community hospitals and city governments controlled four community hospitals for a total of 11.7 percent. One community hospital was controlled by an investor-owned, for profit partnership for a total of 2.0 percent. Of the remaining 86.2 percent of hospitals, church-operated, not-for-profit organizations controlled nine community hospitals or 17.6 percent and other not-for-profit organizations controlled 35 community hospitals or 68.6 percent. Figure 1, below, depicts the organizational structure of community hospitals during the 2003 reporting period.

Figure 1
Organizational Structure – Control of Community Hospitals, 2003



NOTE: Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Facilities and Beds

The number of community hospitals, 51, stayed the same from 2002 to 2003. The number of community hospitals has remained consistently between 49 and 51 during the last decade. In 2003, the average size of community hospitals was 59.6 beds, up from the 2002 average of 58.2 beds. The median hospital size was 25 beds, the same as 2002. South Dakota's smallest hospital had only 4 beds, while the largest hospital had 537 beds. The wide range in bed size can be attributed to the way the population is dispersed throughout the state. The total number of licensed beds in 2003 was 3,040, up 70 beds from 2002 and down 257 beds or a decrease of 7.8 percent from 1994. Table 1, page 5, shows the number of community hospitals and licensed beds within those hospitals, broken down by bed size category.

Table 1
Number of Community Hospitals and Licensed Beds
by Bed Size Category, 1994-2003

Bed Size Category												
Year	4-24		25-49		50-99		100-199		200 +		Total	
	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds
1994	13	209	27	854	4	282	3	404	4	1,548	51	3,297
1995	15	219	25	806	4	282	3	412	4	1,548	51	3,267
1996	16	231	24	764	4	282	3	404	4	1,548	51	3,229
1997	17	255	22	693	4	282	3	404	4	1,548	50	3,182
1998	19	285	20	627	4	282	4	547	3	1,379	50	3,120
1999	19	291	19	613	5	373	3	407	3	1,381	49	3,065
2000	19	294	20	640	4	319	3	401	3	1,332	49	2,986
2001	20	294	20	569	5	374	3	401	3	1,332	51	2,970
2002	20	294	20	569	5	374	3	401	3	1,332	51	2,970
2003	20	297	19	533	6	426	3	401	3	1,383	51	3,040

NOTE: Swing bed numbers are included in the bed numbers above. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Beds Per 1,000 Population

One of the best measures of availability of hospital beds is the number of community hospital beds per 1,000 population. This rate has fluctuated over the past 30 years, rising from 4.4 beds per 1,000 population in 1950 to 5.6 beds in 1970. In the early 1970s, the number of beds dropped slightly until 1977 when it reached 5.1 beds per 1,000 population. The drop in bed supply in the mid-seventies may be attributed to a number of hospital closures due to population patterns. Recent declines in bed supply are due to decreased utilization of inpatient beds as a result of the rise in outpatient visits. The 2003 statewide figure is 4.0 beds per 1,000 population, using the 2000 U.S. census population number of 754,844 and the 2003 figure of 3,040 licensed hospital beds. Table 2 on page 6 provides the number of beds per 1,000 population from 1994 to 2003. The beds per 1,000 population has been on a decline consistently from 4.7 beds per 1,000 population in 1994 to 3.9 beds per 1,000 population in 2002. However, in 2003 there was an increase of 2.5 percent with 4.0 beds per 1,000 population.

Table 2
Licensed Hospital Beds Per 1,000 Population
in South Dakota Community Hospitals, 1994-2003

YEAR	SOUTH DAKOTA POPULATION (See Note Below)	NUMBER OF LICENSED BEDS	BEDS PER 1000 POPULATION
1994	696,004	3,297	4.74
1995	696,004	3,267	4.69
1996	696,004	3,229	4.64
1997	696,004	3,182	4.57
1998	696,004	3,120	4.48
1999	696,004	3,065	4.40
2000	754,844	2,986	4.00
2001	754,844	2,970	3.93
2002	754,844	2,970	3.93
2003	754,844	3,040	4.03

NOTE: The 1990 Census was used for the 1994-1999 rates. The 2000 Census was used for all years after 2000. Information in Table 2 includes swing beds. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Services

In 1994, AHA began to monitor which services are provided directly by the community hospitals or provided by a health system, network or through a contractual agreement with another provider outside the network or system. In 1994, health systems provided 3.3 percent of services, networks provided 2.0 percent of services and providers outside the network or system provided 11.8 percent of the services through contractual agreement. In 2003, health systems provided 12.0 percent of the services, networks provided 0.9 percent of services and providers outside the network or system provided 11.3 percent of the services through contractual agreement. These numbers show a increase in health systems and an decrease in networks and contractual services. Table 3, pages 7-9, lists the types of services provided by community hospitals and the number of community hospitals in South Dakota that maintained those services within their facility or had an arrangement with some other facility to provide the service during 2003. Ten new facility and service categories were added to the 2003 survey.

These are:

- Alzheimer center
- Cardiology services
- Angioplasty
- Chemotherapy
- Gamma knife
- Intensity-modulated radiation therapy (IMRT)
- Electron beam computed tomography (EBCT)
- Multislice spiral computed tomography (MSCT)
- Fertility clinic
- Genetic testing/counseling

MEDICAL FACILITIES REPORT

Table 3
Services Offered by South Dakota Community Hospitals, 2003

Services Provided	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
General medical-surgical care	49	1490	2	0	1
Pediatric medical-surgical care	15	105	3	0	1
Obstetrics	28	183	9	0	0
Medical surgical intensive care	24	147	3	0	0
Cardiac intensive care	11	35	3	0	1
Neonatal intensive care	3	74	2	0	1
Neonatal intermediate care	2	10	2	0	1
Pediatric intensive care	4	16	1	0	1
Burn care	1	3	1	0	2
Other special care	4	75	0	0	1
Other intensive care	1	4	1	0	2
Physical rehabilitation	8	115	3	0	2
Alcoholism/drug abuse or dependency care	0	0	2	1	2
Psychiatric care	4	172	2	1	2
Skilled nursing care	30	1223	2	0	3
Intermediate care	12	258	1	0	2
Acute long term care	3	149	2	0	2
Other long term care	10	192	2	1	1
Other care	16	189	5	0	1
Adult day care program	8		1	1	1
Airborne infection isolation rooms	14	77	1	1	0
Alcoholism/drug abuse or dependency outpatient	3		2	1	1
Alzheimer center	2		0	0	1
Ambulance services	11		0	0	12
Arthritis treatment center	1		0	0	0
Assisted living	22		1	1	1
Auxiliary	32		1	0	0
Bariatric/weight control services	3		1	0	0
Birthing room / LDR room / LDRP room	27		2	0	0
Breast cancer screening/mammograms	28		6	0	9
Cardiology services	8		5	0	4
a. Angioplasty	4		1	0	0
b. Cardiac catheterization laboratory	7		2	0	0
c. Open heart surgery	4		1	0	0
Case management	25		1	0	0
Chaplaincy/pastoral care services	14		2	0	3
Chemotherapy	20		1	0	0
Children's wellness program	5		1	0	1
Chiropractic services	1		0	0	2
Community outreach	28		1	0	0
Complementary medicine services	5		1	1	1
Crisis prevention	3		2	0	1
Dental services	3		1	0	9
Emergency services:					
a. Emergency department	51		1	0	0
b. Trauma center	10		2	0	1
Enabling services	3		1	0	0
End of life services					
a. Hospice	22		9	0	6
b. Pain management program	16		4	0	3
c. Palliative care program	5		3	0	2
Enrollment assistance services	6		1	0	2
Extracorporeal shock wave lithotripter	4		2	0	1

COMMUNITY HOSPITALS

Table 3 (Cont.)
Services Offered by South Dakota Community Hospitals, 2003

Services Provided	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
Fitness center	19		1	0	2
Freestanding outpatient care center	3		1	0	0
Geriatric services	17		2	0	0
Gamma knife	0		0	0	0
Health fair	36		3	1	0
Health information center	15		2	0	0
Health screenings	42		2	0	2
Hemodialysis	10		1	0	2
HIV / AIDS services	4		1	0	0
Home health services	32		6	0	4
Hospital-based outpatient care center	34		1	0	0
Linguistic/translation services	11		1	0	2
Meals on wheels	13		0	0	5
Neurological services	6		1	0	0
Nutrition programs	25		2	0	2
Occupational health services	28		3	1	7
Oncology services	14		2	0	2
Orthopedic services	12		5	1	9
Outpatient surgery	42		2	0	0
Patient education center	23		1	0	0
Patient representative services	15		0	0	0
Physical rehabilitation outpatient services	38		3	0	2
Primary care department	17		3	0	1
Psychiatric services:					
a. Psychiatric child-adolescent services	4		3	0	2
b. Psychiatric consultation-liaison services	5		3	0	3
c. Psychiatric education services	4		3	0	2
d. Psychiatric emergency services	5		2	0	3
e. Psychiatric geriatric services	4		4	0	1
f. Psychiatric outpatient services	4		5	0	4
g. Psychiatric partial hospitalization program	3		2	0	0
Radiation therapy	7		2	0	1
a. Intensity-modulated radiation therapy	1		0	0	0
Radiology, diagnostic:					
a. CT scanner	31		8	1	11
b. Diagnostic radioisotope facility	14		4	0	1
c. Electron beam computed tomography	0		0	0	0
d. Magnetic resonance imaging	17		7	2	10
e. Multislice spiral computed tomography	14		0	0	0
f. Position emission tomography	4		3	0	5
g. Single photon emission comp tomography	7		2	0	2
h. Ultrasound	36		5	1	6
Reproductive health					
a. Fertility clinic	0		0	0	0
b. Genetic testing/counseling	1		0	0	0
Retirement housing	13		2	0	3
Sleep center	10		4	1	4
Social work services	30		4	0	4
Sports medicine	19		4	1	1
Support groups	19		2	0	4
Swing bed services	43		1	0	1
Teen outreach services	1		1	0	2
Tobacco treatment/cessation program	15		1	0	2

Table 3 (Cont.)
Services Offered by South Dakota Community Hospitals, 2003

Services Provided	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
Transplant services	2		1	0	1
Transportation to health facilities	10		2	0	8
Urgent care center	4		1	0	0
Volunteer services department	19		1	0	3
Women's health center/services	8		3	1	2
Wound management services	12		2	0	1

NOTE: Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

UTILIZATION

General Trends

The addition of two new hospitals in 2001 boosted the utilization numbers. Even with this addition utilization numbers showed mixed results. Table 4, page 10, portrays selected utilization data for South Dakota community hospitals. It is important to note that the data below includes swing bed data, showing that swing bed utilization has not always helped inpatient procedures keep pace with the increase in outpatient procedures. In 2003, there were 3,040 community hospital beds, 257 beds or 7.8 percent fewer than the 1994 total of 3,297 beds. Discharges increased from 95,489 in 1994 to 99,649 in 2003, an increase of 4,160 discharges or 4.4 percent. The sharp increase in discharges in 2002 is due to the submission of the first complete survey from the Heart Hospital of South Dakota licensed in 2001. Additionally, there were 2,226 less discharges in 2003 than in 2002.

The number of inpatient days has fallen from 526,573 in 1994 to 442,845 in 2003, a decrease of 83,728 inpatient days or 15.9 percent. Inpatient days decreased 9.0 percent from 2002, which had seen a decrease of 0.9 percent from 2001. The average length of stay declined from 5.51 days in 1994 to 4.44 days in 2003. The overall trend of decline in the utilization numbers of community hospitals is indicative of the activity in acute care hospitals around the United States. Cost containment efforts by government, health care coverage companies, and hospitals have encouraged the utilization of outpatient procedures more frequently and decreased the period of time people stay in the hospital for any given procedure. Additionally, the 96-hour average length of stay limit for acute care in the Critical Access Hospital program has contributed to shorter stays in rural hospitals. As of December 31, 2003, South Dakota had 33 hospitals participating in this program.

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Table 4
Selected Utilization Data for South Dakota Community Hospitals, 1994-2003

YEAR	NUMBER OF HOSPITALS	LICENSED BEDS	DISCHARGES	PATIENT DAYS	AVERAGE LENGTH OF STAY	AVERAGE DAILY CENSUS	PERCENT OCCUPANCY
1994	51	3,297	95,489	526,573	5.51	1442.7	43.8%
1995	51	3,267	89,895	498,793	5.55	1366.6	41.8%
1996	51	3,229	93,447	491,836	5.26	1343.8	41.6%
1997	50	3,182	93,232	488,769	5.24	1339.1	42.1%
1998	50	3,120	96,311	481,546	5.00	1319.3	42.3%
1999	49	3,065	95,287	491,030	5.15	1345.3	43.9%
2000	49	2,986	97,278	479,960	4.93	1311.5	43.9%
2001	51	2,970	98,676	491,473	4.98	1346.5	45.3%
2002	51	2,970	101,875	486,810	4.78	1333.7	44.9%
2003	51	3,040	99,649	442,845	4.44	1213.3	39.9%

NOTE: Table 4 includes swing bed data. Numbers excluding swing bed data are listed in Tables 5-8. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

RECENT TRENDS

Community hospital trends by bed size category from 1994 to 2003 are discussed below. The Department of Health monitors the following utilization trends for community hospitals: inpatient days, percent occupancy, discharges, average lengths of stay and Medicare and Medicaid inpatient days.

Inpatient Days (Excludes swing bed inpatient days)

Table 5, page 11, indicates the trend in inpatient days for the different sizes of community hospitals between 1994 and 2003 when swing bed days are excluded. In 2003, South Dakota community hospitals generated 397,986 acute care inpatient days, down 70,336 days or 15 percent from 1994. Although there has been a general decline of inpatient days generated in South Dakota community hospitals during the past 10 years, there was a slight increase of 2.3 percent from 2000 to 2001. However, for the last two years inpatient days have shown a decrease. There was a decrease of 9.4 percent from 2002 to 2003.

Table 5
Inpatient Days for South Dakota Community Hospitals, 1994-2003

Hospital Size	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
0-24	14,259	11,826	12,246	13,667	16,017	16,997	13,682	12,431	13,494	12,394
25-49	51,274	55,313	48,811	38,638	34,152	33,374	36,322	32,078	28,350	30,911
50-99	36,057	33,394	31,493	32,680	31,270	43,538	33,875	47,772	44,541	45,210
100-199	57,210	51,566	49,240	48,562	78,925	66,379	66,078	64,099	63,381	60,106
200 +	309,522	300,173	304,211	300,643	275,588	281,098	283,306	287,036	289,411	249,365
Total	468,322	452,272	446,001	434,190	435,952	441,386	433,263	443,416	439,177	397,986

NOTE: Table 5 excludes swing bed data. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Percent Occupancy (Excludes swing bed data)

Table 6, below, shows the occupancy rate for the different sizes of community hospitals between 1994 and 2003. The occupancy rate of a hospital shows the percentage of total beds in a hospital which are occupied, averaged over a one-year time period. An occupancy rate is a standard indicator of the extent to which a facility's capacity is being utilized. Over the last 10 years, the rate has shown periods of decreasing and increasing. Since 2002 the rate has been on a decrease dropping slightly from 40.9 percent in 2001 to 40.5 percent in 2002 and then to 35.9 percent in 2003.

In addition, occupancy rates are directly correlated with the number of licensed beds in a facility. Hospitals with more than 200 beds consistently have the highest occupancy rates in almost every year analyzed, while hospitals with less than 24 beds have the lowest occupancy rates of all South Dakota community hospitals.

Table 6
Percent Occupancy Rates for South Dakota Community Hospitals, 1994-2003

Hospital Size	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
0-24	18.7	14.8	14.5	14.7	15.4	16.0	12.7	11.6	12.6	11.4
25-49	16.5	18.8	17.5	15.3	14.9	14.9	15.5	15.4	13.7	15.9
50-99	35.0	32.4	30.5	31.7	30.4	32.0	29.0	35.0	32.6	29.1
100-199	38.8	34.3	33.3	32.9	39.5	44.7	45.0	43.8	43.3	41.1
200 +	54.2	53.1	53.7	53.2	54.8	55.8	58.1	59.0	59.5	49.4
Total	38.9	37.9	37.7	37.4	38.3	39.5	39.6	40.9	40.5	35.9

NOTE: Table 6 excludes swing bed data. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

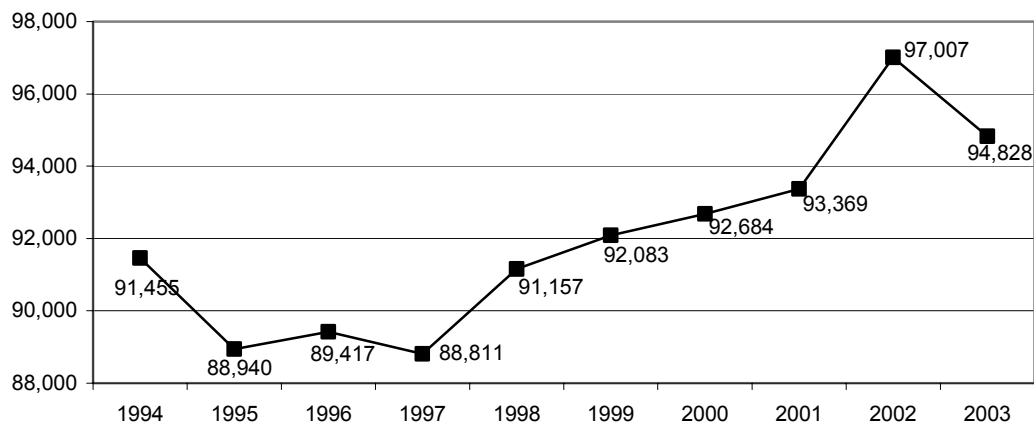
SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

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Discharges (Excludes swing bed data)

Over the past 10 years, annual discharge totals have fluctuated. As Figure 2 shows, the number reached its high in 2002 with 97,007, due to the submission of the first complete survey from the Heart Hospital of South Dakota licensed in 2001, and the low was 88,811 in 1997. Table 7, below, shows the number of discharges from the different sizes of community hospitals between 1994 and 2003. The 2003 discharge rate per 1,000 South Dakota population was 125.6, down from the 2002 rate of 128.5 per 1,000 population. If swing bed discharges were included, the discharge rates per 1,000 population would be 135 and 132, respectively, for 2002 and 2003.

Figure 2
Discharges (Excluding Swing Beds) 1994-2003



NOTE: Figure 2 excludes swing bed data. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics and Vital Records.

Table 7
Discharges from South Dakota Community Hospitals, 1994-2003

Hospital Size	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
0-24	3,214	3,350	3,446	4,022	4,889	4,934	4,292	4,093	4,474	3,898
25-49	14,262	13,005	12,475	11,287	10,415	10,741	11,124	10,440	9,957	9,167
50-99	8,689	8,249	8,374	8,765	8,871	10,943	9,662	9,681	12,685	13,072
100-199	11,781	11,339	11,178	11,063	17,594	14,709	14,475	14,503	14,575	14,007
200 +	53,509	52,997	53,944	53,674	49,388	50,756	53,131	54,662	55,316	54,684
Total	91,455	88,940	89,417	88,811	91,157	92,083	92,684	93,369	97,007	94,828

NOTE: Table 7 excludes swing bed data. Hand County Memorial Hospital, Miller, did not submit at complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Average Length of Stay (Excludes swing bed data)

Table 8, below, indicates the trend in the average length of stay in the different sizes of community hospitals between 1994 and 2003. The length of stay has varied only slightly over the last 10 years with a peak of 5.1 days in 1994 and 1995 and a low of 4.2 in 2003. As Table 8 indicates, the average length of stay varies significantly by bed size category. In 2003, the average length of stay in hospitals with more than 200 beds was 1.4 days longer than the average length of stay in the hospitals with less than 24 beds.

Table 8
Average Length of Stay in South Dakota Community Hospitals, 1994-2003

Hospital Size	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
0-24	4.4	3.5	3.6	3.4	3.3	3.4	3.2	3.0	3.0	3.2
25-49	3.6	4.3	3.9	3.4	3.3	3.1	3.3	3.1	2.8	3.4
50-99	4.2	4.0	3.8	3.7	3.5	4.0	3.5	4.9	3.5	3.5
100-199	4.9	4.6	4.4	4.4	4.5	4.5	4.6	4.4	4.3	4.3
200 +	5.8	5.7	5.6	5.6	5.6	5.5	5.3	5.3	5.2	4.6
Total	5.1	5.1	5.0	4.9	4.8	4.8	4.7	4.7	4.5	4.2

NOTE: Table 8 excludes swing bed data. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Medicare Inpatient Days (Includes swing bed data)

Table 9, below, shows the number of Medicare inpatient days in the different sizes of community hospitals between 1994 and 2003. Swing bed Medicare days are included in the count for all years. In 2003, South Dakota community hospitals had 249,641 Medicare inpatient days. This was a 5.9 percent decrease from 2002. In 2003, Medicare inpatient days made up 56.4 percent of all community hospital inpatient days, compared to 58.3 percent in 1994.

Table 9
Medicare Inpatient Days for South Dakota Community Hospitals, 1994-2003

Hospital Size	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
6-24	12,269	13,286	12,139	15,890	17,042	17,349	15,836	13,035	14,336	15,003
25-49	43,821	46,172	41,329	45,949	39,874	39,061	35,037	31,543	34,308	32,672
50-99	19,893	18,907	19,912	22,030	19,320	22,998	20,692	21,686	30,350	31,610
100-199	38,162	31,850	32,537	36,334	54,686	44,171	41,104	42,903	49,970	42,468
200 +	158,949	152,402	159,029	156,727	135,408	137,534	141,334	137,067	136,209	127,888
Total	273,094	262,617	264,946	276,930	266,330	261,113	254,003	246,234	265,173	249,641

NOTE: Table 9 includes swing bed data. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

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Medicaid Inpatient Days (Includes swing bed data)

Table 10, below, shows the number of Medicaid inpatient days by bed size group in community hospitals between 1994 and 2003. Medicaid inpatient days totaled 56,151 days during 2003, or 12.7 percent of all inpatient days, an increase of 8.5 percent since 1994. However, Medicaid inpatient days decreased 3.0 percent from 2002 to 2003.

Table 10
Medicaid Inpatient Days in South Dakota Community Hospitals, 1994-2003

Hospital Size	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
6-24	2,692	2,605	2,942	3,510	2,072	2,250	1,697	1,116	1,281	1,090
25-49	7,105	5,309	3,900	4,168	4,602	3,272	3,948	3,972	6,508	4,174
50-99	2,432	3,252	3,074	3,684	3,593	3,520	3,114	3,136	3,539	3,542
100-199	4,343	4,137	3,589	3,110	4,533	4,341	4,413	4,627	4,717	4,440
200 +	35,173	34,327	35,061	34,450	37,552	39,039	38,514	41,155	41,829	42,905
Total	51,745	49,630	48,566	48,922	52,352	52,422	51,686	54,006	57,874	56,151

NOTE: Table 10 includes swing bed data. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records Unit.

SURGICAL OPERATIONS

Table 11, below, shows the number of surgical procedures, both inpatient and outpatient, for 1999 to 2003. Each patient undergoing surgery is counted as one surgical operation regardless of the number of surgical procedures that are performed while the patient is in the operating or procedure room. Outpatient surgical operations are those surgeries performed on patients who do not remain in the hospital overnight. The number of outpatient surgeries has increased from 2002 by 5,405 procedures. The number of inpatient procedures has decreased by 1,844 procedures, or 5.0 percent, from 2002. Overall surgical procedures have increased from 1999 by 6,350 procedures or 8.1 percent.

Table 11
Surgical Operations Performed in South Dakota Community Hospitals, 1999-2003

SURGICAL OPERATIONS	1999	2000	2001	2002	2003
Inpatient	32,570	32,993	32,062	37,040	35,196
Outpatient	45,858	43,676	43,706	44,177	49,582
Total	78,428	76,669	75,768	81,217	84,778

NOTE: Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

OUTPATIENT VISITS

Table 12, below, provides the number of outpatient visits to community hospitals from 1999 to 2003. An outpatient visit is a visit to each emergency or non-emergency outpatient service area by a person who is not lodged in the hospital overnight while receiving medical, dental, or other health-related services. The count includes each appearance of a patient in each emergency or non-emergency outpatient service area. Emergency visits are defined as the total number of patients seen in an emergency unit. The number of *Other Visits* reflects the total number of scheduled or unscheduled visits to outpatient service areas other than the emergency room. The numbers below include physician referrals and outpatient surgeries but do not include occasions of service.

Outpatient visits in South Dakota community hospitals have increased significantly from 1999 until 2002. In 2003, outpatient visits numbered 1,582,619, a decrease of 277,639 outpatient visits from 2002. However, there was still a percent increase of 2.4 percent from 1999.

Table 12
Outpatient Visits to South Dakota Community Hospitals, 1999-2003

OUTPATIENT SERVICES	1999	2000	2001	2002	2003
Emergency	188,002	200,286	195,085	210,259	208,463
Other	1,332,741	1,495,395	1,515,773	1,625,608	1,351,695
Observation	25,109	28,180	24,190	24,391	22,461
Total	1,545,852	1,723,861	1,735,048	1,860,258	1,582,619

NOTE: Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

SWING BEDS

In 2003, 47 hospitals had swing beds. Table 13, page 16, provides swing bed utilization information from 1994 to 2003. The development and use of swing beds has increased by 42 licensed beds or 9.8 percent in the last 10 years. Although the number of swing beds has increased since 1994, the number of inpatient days has declined steadily from 58,252 inpatient days in 1994 to 44,859, a decrease of 13,393 days or 23 percent. This trend can be explained by a decline in the length of stay by more than 5 days since 1994 and by a decline in the average daily census by 36 persons per day since a 10 year high in 1994.

COMMUNITY HOSPITALS

Table 13
Swing Bed Utilization for South Dakota Community Hospitals, 1994-2003

YEAR	NUMBER OF SWING BEDS	NUMBER OF SWING BED PATIENT ADMISSIONS	NUMBER OF SWING BED INPATIENT DAYS	SWING BED AVERAGE LENGTH OF STAY	SWING BED AVERAGE DAILY CENSUS	PERCENT OCCUPANCY
1994	429	4,034	58,252	14.4	159.6	37.2%
1995	451	4,052	55,749	13.8	152.7	33.9%
1996	436	4,221	53,691	12.7	146.7	33.6%
1997	431	4,496	54,137	12.0	148.3	34.4%
1998	442	4,260	47,998	11.3	131.5	29.8%
1999	451	4,450	47,180	10.6	129.3	28.7%
2000	448	4,594	46,697	10.2	127.6	28.5%
2001	447	5,294	48,020	9.1	131.6	29.4%
2002	447	4,868	47,633	9.8	130.5	29.2%
2003	471	4,821	44,859	9.3	122.9	26.1%

NOTE: Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

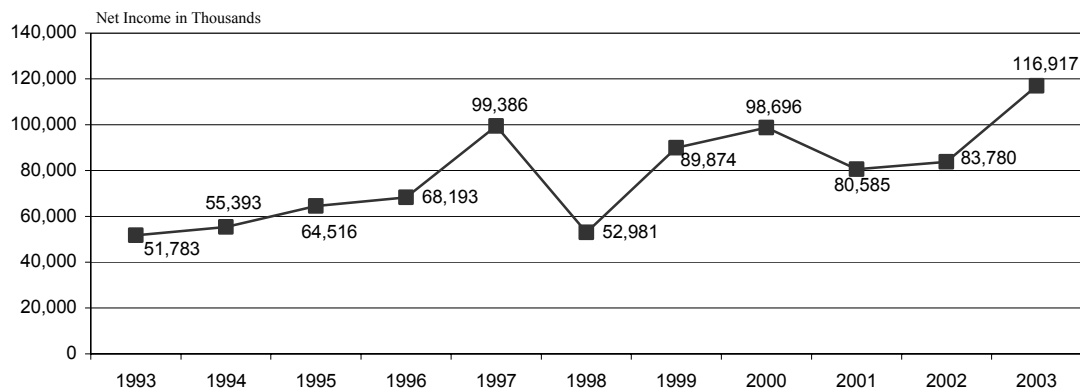
FINANCIAL INFORMATION

The following section examines financial characteristics and trends for community hospitals in South Dakota.

Expenses and Revenues

Figure 3, below, compares community hospital expenses with revenues from 1994 to 2003 by showing the change in net income. Net income is defined as excess revenue over expenditures. Total revenues, defined as total net revenue from services to patients (inpatient and outpatient) plus total other operating and non-operating revenue, amounted to \$1,506,066,738 during 2003 while total expenses, defined as total operating expenses plus non-operating losses, were \$1,389,149,461 for the same time period.

Figure 3
Net Income for all Community Hospitals, 1994-2003



NOTE: Numbers include attached long-term care facilities. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

MEDICAL FACILITIES REPORT

Table 14, below, shows total community hospital expenses by selected categories from 1994 to 2003. Total expenses have increased substantially during this period, from \$685,659,000 in 1994 to \$1,389,149,461 in 2003, an increase of 102.6 percent. Payroll expenses accounted for 44.4 percent of all expenses in 2003, which is consistent with past trends.

Table 14
Community Hospital Expenses by Category, 1994-2003
(In Thousands)

YEAR	TOTAL EXPENSES	PAYROLL EXPENSES	EMPLOYEE BENEFITS	PROFESSIONAL FEES	DEPRECIATION	INTEREST EXPENSE	ALL OTHER
1994	685,659	296,559	55,901	35,429	47,412	29,964	220,394
1995	720,902	315,576	57,958	36,320	52,787	26,806	231,456
1996	766,056	334,403	61,165	38,040	57,436	24,416	250,596
1997	825,779	360,071	66,141	44,538	61,648	23,695	269,686
1998	866,507	360,851	62,003	46,847	61,905	21,997	312,904
1999	971,956	427,904	79,054	52,876	68,004	20,538	319,127
2000	1,059,360	465,534	89,353	*	71,370	21,899	*
2001	1,123,773	498,795	95,663	*	74,276	23,385	*
2002	1,238,145	542,613	106,518	*	82,164	28,540	*
2003	1,389,149	616,163	134,131	*	85,692	27,027	*

* Not asked since 1999 AHA Survey

NOTE: Numbers include attached long-term care facilities. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

The information presented in Table 15, below, is based on an equation developed and recommended by AHA. Between 1994 and 2003, South Dakota community hospital expenses per inpatient day increased by 104.8 percent, from \$961.33 to \$1,968.48. Expenses per inpatient day reflect expenses incurred for inpatient care only and are not adjusted for inflation.

Table 15
Adjusted Expenses Per Inpatient Day, 1994-2003

YEAR	TOTAL EXPENSES	INPATIENT DAYS	ADJUSTED EXPENSES PER INPATIENT DAY
1994	685,659	526,573	\$ 961.33
1995	720,902	498,793	\$ 1,031.49
1996	766,056	491,836	\$ 1,080.05
1997	825,779	488,769	\$ 1,143.70
1998	866,507	481,546	\$ 1,201.97
1999	971,956	491,030	\$ 1,331.37
2000	1,059,360	479,960	\$ 1,423.26
2001	1,123,773	491,473	\$ 1,474.44
2002	1,238,145	485,810	\$ 2,089.76
2003	1,389,149	442,845	\$ 1,968.48

NOTE: Total inpatient days include swing bed days. Expenses per inpatient day are not adjusted for inflation. Numbers include attached long-term care facilities. Hand County Memorial Hospital, Miller, did not submit a complete survey. The data from their 2002 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

